

CITY OF BURBANK PASS PROGRAM INFORMATION

The Burbank Program, Activity, and Service Subsidy (PASS) Program provides Burbank residents, who are in need of financial assistance, the opportunity to engage and apply for Burbank programs, activities, and services.

BURBANK PASS:

- Awarded on a first-come, first-serve basis and is non-transferable.
- Limited by available space and available funding.
- Allowance of \$400 per eligible individual per fiscal year with a cap of \$1,200 per household.
- May not cover 100% of program, activity or service cost. Please refer to the City website for subsidy amounts, www.burbankca.gov/burbankpass
- To qualify, applicants are required to meet all program requirements.
- Incomplete applications will not be accepted.

QUALIFICATIONS:

- Burbank residency.
- No age restriction.
- Adhere to the gross annual household income based on household size.
(Please see chart to the right)

Household Size	Income	Household Size	Income
1	\$47,657	5	\$69,775
2	\$52,423	6	\$76,753
3	\$57,666	7	\$84,428
4	\$63,432	8	\$92,871

ELIGIBLE PROGRAMS:

See Website for full listing: www.burbankca.gov/burbankpass

INELIGIBLE PROGRAMS:

- Include but are not limited to: Basic Utility Services already included in the Lifeline Program and Project Share, Building Permits and Fees, Penalties and Fines, Special Event Admissions, Starlight Bowl Concerts, Burbank Senior Activity Card, Recreation Class Material Fees, Go! Party, and Facility Rentals.

SUPPLEMENTALS:

Please provide original documents of the following for review:

1. Proof of Residency

Current utility bill (Burbank Water & Power, gas, telephone) dated within two months of application filing date.
Driver's License not accepted.

2. Proof of Household Size

State or Federal Program document that indicates household size (original birth certificate required for children); or government-issued document for each dependent.

3. Proof of Income

Most recent Tax Return and W-2 for wage earners living in household and last two paycheck stubs for wage earners living in household. If applicable, provide verification of welfare, State disability, social security, supplemental/pension benefit or unemployment documentation.

*In lieu of providing Items 2 & 3, the *Section 8 Housing Assistance Payments Contract Amendment Notice* document may be provided.

All applications must be submitted in person by appointment.

At the time of your appointment, bring completed application and original required verification documents to:

Community Services Building
Parks and Recreation Department – 3rd Floor
150 North Third Street, Burbank

For appointments and questions regarding the application and approval process, please contact 818.238.5300.





CITY OF BURBANK PASS PROGRAM APPLICATION

Complete one form per applicant. Completed applications do not guarantee approval. Please Print.

ACKNOWLEDGEMENT

Date:	Have You Ever Applied to the Burbank PASS Program? Yes / No	When?
Name of Applicant:		
Date of Birth:	Gender: M / F	Household Size:
If applicant is under 18 Parent/Guardian Name:		Parent/Guardian Date of Birth:
Address:		Zip:
Home Phone:	Email:	
Cell Phone:	Carrier: (cell phone provider)	

The information provided is true and correct. Any falsification of information will be cause for immediate and automatic disqualification of any current and future Burbank PASS Program opportunities.

I understand that the signature below affirms to the best of my knowledge that the above statement is true.

If under 18 years of age; parent/guardian signature required below.

Print Name

Signature

FOR OFFICE USE ONLY

Date Received: ____/____/____	Approved Amount:	Receipt #
1. Proof of Residency: <input type="checkbox"/> BWP <input type="checkbox"/> Gas <input type="checkbox"/> Phone	Section 8 Doc? YES / NO (If Yes, Skip #2 & #3)	
2. Proof of Household Size: # ____	<input type="checkbox"/> State/Fed Doc # ____ <input type="checkbox"/> Birth Certificate(s) # ____ <input type="checkbox"/> Gov ID Dependent(s) # ____	
3. Proof of Income: Individual: \$ _____ Household: \$ _____		
<input type="checkbox"/> Tax Return: \$ _____		<input type="checkbox"/> W-2: \$ _____
<input type="checkbox"/> Pay Stubs	Date: _____ \$ _____	Date: _____ \$ _____
<input type="checkbox"/> Soc. Security: \$ _____	<input type="checkbox"/> Other: \$ _____	
Notes: _____ _____ _____ _____ _____		
Staff Signature:	Date:	

